

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/							
2							52								
3							53								
4							54								
5							55	/							
6							56								
7							57								
8	/						58								
9							59	/							
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17	/						67								
18	/						68								
19	/						69								
20							70								
21							71	/							
22							72	/							
23							73								
24							74								
25	/						75	/							
26							76	/							
27							77								
28							78								
29							79	/							
30							80								
31							81								
32	/						82								
33							83								
34							84								
35							85								
36							86								
37	/						87								
38							88								
39							89								
40							90								
41							91								
42	/						92								
43							93								
44							94								
45							95								
46							96								
47	/						97								
48	/						98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								